

Anti-Embolism Stockings

Clinically effective against DVT



**Practice
prevention**



Almost all hospitalized patients have at least one risk factor for DVT¹

Venous thromboembolism (VTE) is a disease that encompasses both deep vein thrombosis (DVT) and pulmonary embolism (PE). It's a serious, often under diagnosed, but preventable complication during and after an acute medical illness or injury. DVT occurs when a blood clot forms in a major vein, usually in the leg. Part of the clot may break off and travel to the lungs, causing a PE.

1 million
people are
affected by
DVT per year⁴

#2 VTE
VTE is the
second most
common medical
complication⁴

DVT accounts for:



Up to 296K deaths
annually—more
than accidents, chronic
lower respiratory diseases,
and stroke³



\$3,018–\$5,040
mean hospital costs for DVT
care, per patient⁴



\$6,946 average
hospital costs for DVT
remission, per patient⁵



Enhance patient outcomes with Anti-Embolism Stockings

The best type of compression is one that patients can wear. Research shows that when patients know why they're receiving compression therapy, they're more likely to adhere to compression protocols.⁷

Medline Anti-Embolism Stockings deliver 15–18 mmHg of compression to increase blood flow and decrease the risk of life-threatening blood clots.

Did you know?

"TED stockings" are also known as thromboembolic deterrent stockings.

Medline Anti-Embolism Stockings

Provide a tailored, contoured fit with just the right amount of gradient pressure.

- Medical-grade compression (15–18 mmHg)
- Contoured fit and gradient compression
- For non-ambulatory patients
- White color for industry standards
- Color-coded stockings with size charts on each bag, and includes ruler

Ordering Information

Knee-High Anti-Embolism Stockings, HCPCS A6530

Item No.	Size	Pkg.
MDS160624	Small Regular	12/bx
MDS160628	Small Long	12/bx
MDS160644	Medium Regular	12/bx
MDS160648	Medium Long	12/bx
MDS160664	Large Regular	12/bx
MDS160668	Large Long	12/bx
MDS160684	X-Large Regular	12/bx
MDS160688	X-Large Long	12/bx
MDS160694	2X-Large Regular	12/bx
MDS160698	2X-Large Long	12/bx
MDS160604	3X-Large Regular	12/bx
MDS160608	3X-Large Long	12/bx



MDS160608



MDS160624

Thigh-High Anti-Embolism Stockings, HCPCS A6533

Item No.	Size	Pkg.
MDS160820	Small Short	6/bx
MDS160824	Small Regular	6/bx
MDS160828	Small Long	6/bx
MDS160840	Medium Short	6/bx
MDS160844	Medium Regular	6/bx
MDS160848	Medium Long	6/bx
MDS160860	Large Short	6/bx
MDS160864	Large Regular	6/bx
MDS160868	Large Long	6/bx
MDS160884	X-Large Regular	6/bx
MDS160888	X-Large Long	6/bx
MDS160894	2X-Large Regular	6/bx
MDS160898	2X-Large Long	6/bx



MDS160860

Ensure proper sizing with our convenient measuring guide

Step 1. How to measure

- Always measure each patient and both legs.
- Measuring is critical to prevent pressure injuries and to maximize stocking effectiveness. Take measurements in the morning when swelling is lowest. If not in the morning, elevate feet for 30 minutes before measuring.

For Knee Highs



Measure ankle and widest part of calf



Measure distance from bottom of heel to bend at back of the knee

Tip: Knee-high stockings should fall 2 fingers below the bend of knee

For Thigh Highs



Measure ankle, widest part of calf and widest part of thigh



Measure distance from the bottom of the heel to gluteal crease

Tip: Thigh-high stocking should fall 2" below the gluteal crease

What if the patient is inbetween sizes?

- When inbetween **2 lengths**: Go with the smaller size of the two
- When inbetween **2 circumferences**: Go with the larger size of the two
- If measurements are different for each leg, the patient will need 2 different pairs

Step 2. How to apply stockings

- Always measure each patient and both legs
- Rubber gloves will aid in “walking” up stocking
- Never roll the stocking



Reach into stocking.



Grasp heel pocket. Look for the square. This is the heel pocket.



Pull stocking inside out until heel pocket is at the top of the opening.



Place stocking on foot, stretching sideways, work stocking over foot until heel pocket is positioned over heel.



Gather loose material at toe and slide over heel.



“Walk” stocking up leg with slight up and down rocking motion.



Distribute fabric evenly. Smooth out any rolls.



Adjust stocking at toes by gently pulling inspection window. Inspection window should be loose fitting. Check and adjust heel position.

How to care for patient tips

- At a minimum, inspection toe should be checked daily for toe/foot changes. Look for discoloration, discomfort, abnormal swelling and sores
- Take off stocking during bathing to check skin condition and put back on
- Patients with poor skin integrity and sensory issues may need to be checked more often
- Re-measure if any abnormal swelling occurs and talk with patient's doctor
- Don't remove stocking for more than 30 minutes as this reduces effectiveness
- Bedsores and pressure injuries are low risk if the patient is sized correctly
- Consult with doctor if patient is subject to pressure injuries
- Re-measure patient before discharge and ensure they're sent home with extra stockings
- If stockings are soiled, replace or wash



How to care for stockings

Stockings may be machine washed with warm water on the gentle cycle. A hosiery bag is recommended. Dry on low heat settings. Do not iron, bleach, or dry clean stockings.

Continuity of care—at home

Clear communication and thoughtful care management help ensure consistent care once patients are ambulatory, resulting in better outcomes and quality of life.



CURAD® Compression Hosiery

For care at home we recommend CURAD® Compression Hosiery with 15–20 mmHg of pressure.

Ordering Information

Item No.	Description	Size	Pkg.
MDS1700*TH	Knee Compression Hosiery, Tan	A–G	1 ea
MDS1701*BH	Knee Compression Hosiery, Black	A–G	1 ea
MDS1706*TH	Thigh Compression Hosiery, Tan	A–E	1 ea
MDS1707*BH	Thigh Compression Hosiery, Black	A–E	1 ea

*Replace star with letter size. For sizing specifics visit [medline.com](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2814808/)

For more information or to order contact your Medline Representative, or call 1-800-MEDLINE.

References: **1.** Badireddy, Madhu; Vasudeva Ranjit Mudipalli. *Deep Venous Thrombosis Prophylaxis*. NIH National Library of Medicine, August 25, 2021. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK534865/> Accessed July 10, 2022. **2.** Lembitz A, Clarke TJ. *Clarifying “never events” and introducing “always events.”* Patient Safety in Surgery. 2009;3:26. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2814808/>. Accessed July 10, 2022. **3.** *Deaths and Mortality in the U.S., Centers for Disease Control and Prevention (CDC)* Available at: <https://www.cdc.gov/nchs/fastats/deaths.htm>. Accessed July 10, 2022. **4.** Fernandez MM, Hogue S, Preblick R, Kwong WJ. *Review of the cost of venous thromboembolism.* Clinicoecon Outcomes Res. 2015.;7:451-62. **5.** Morris RJ, Woodcock JP. *Evidence-based compression: Prevention of stasis and deep vein thrombosis.* Annals of Surgery. 2004;239(2):162-171. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1356208/pdf/20040200s00006p16_2.pdf Accessed July 10, 2022. **6.** Becker M. *Optimization of intermittent pneumatic compression for lower extremities, computational results.* Thesis presented to: Graduate Faculty of the University of Akron; August 2012; Akron, Ohio. Available at: https://etd.ohiolink.edu/apexprod/rws_etd/send_file/send?accession=akron1344453788&disposition=inline Accessed July 10, 2022. **7.** Finlayson K., et al. (2010). Impact of psychosocial factors on adherence to compression therapy to prevent recurrence of venous leg ulcers. J. Clin Nurs. 19(9–10): 1289-97.



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